


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90015 001 \*\*\*\*50.00

<b>DOCUMENT # L02000033920</b>		
1. Entity Name <b>MAVCA HOLDINGS LLC</b>		

Principal Place of Business <b>3380 DELRAY BAY DR. SUITE 720 DELRAY BEACH, FL 33483</b>	Mailing Address <b>3380 DELRAY BAY DR. SUITE 720 DELRAY BEACH, FL 33483</b>
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**24001750**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

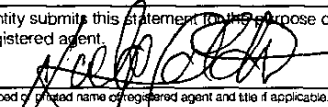
01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>71-0917004</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>GOLDSTEIN, VICTOR 440 NW 67 ST STE 203 BOCA RATON, FL 33487</b>	

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) <b>3380 DELRAY BAY DR. SUITE 720</b>	
City <b>DELRAY BEACH</b>	Zip Code <b>FL 33483</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>1/12/2004</b>

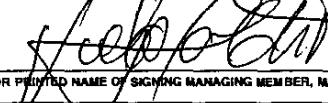
**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDSTEIN, VICTOR 440 NW 67 ST STE 203 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDSTEIN, VICTOR 3380 DELRAY BAY DR. SUITE 720 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	DATE: <b>1/12/2004</b>	DAYTIME PHONE: <b>561-330-6682</b>
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